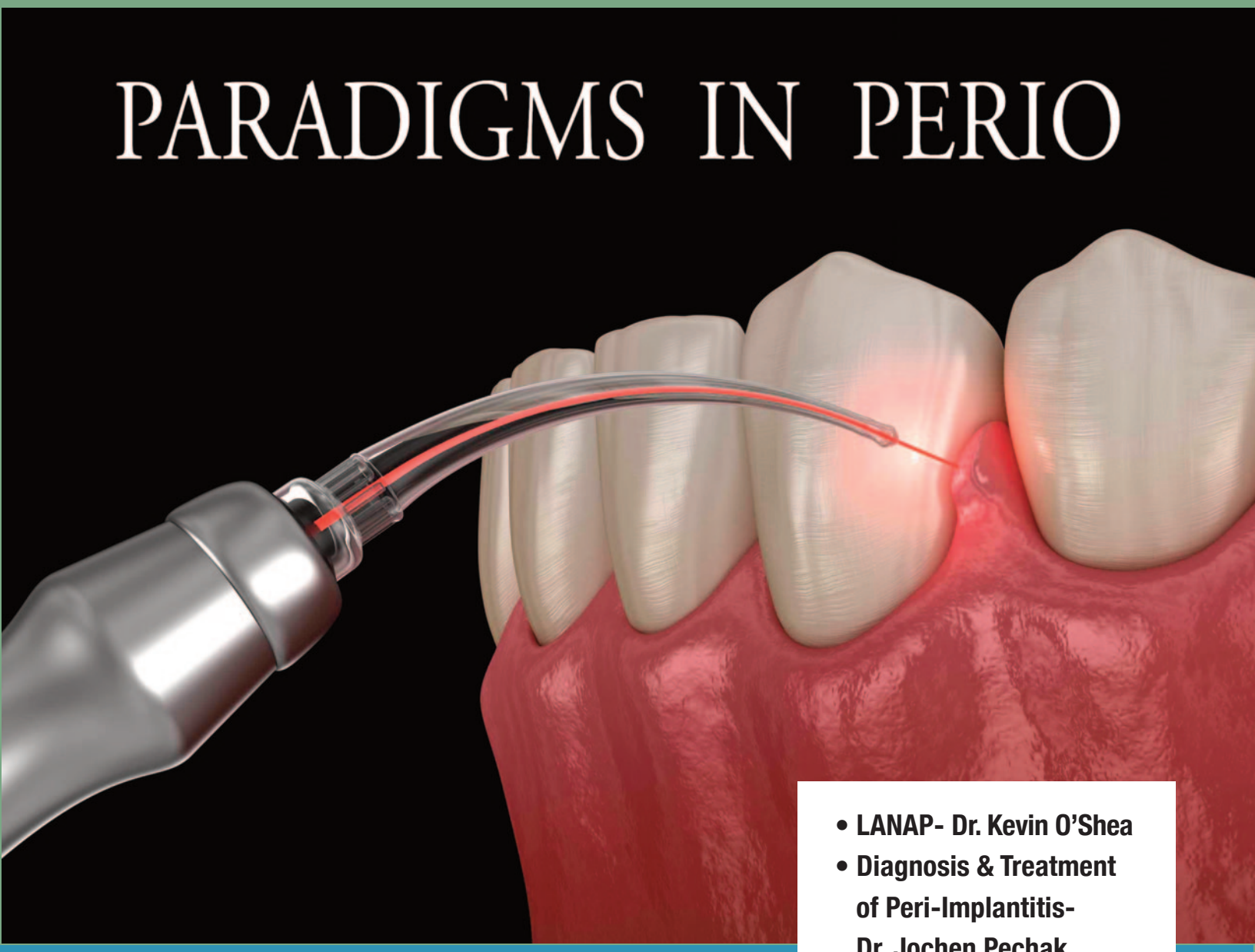
MONTEREY BAY

SMILELINE

THE NEWSLETTER OF THE MONTEREY BAY DENTAL SOCIETY

WINTER 2023

PARADIGMS IN PERIO



- LANAP- Dr. Kevin O'Shea
- Diagnosis & Treatment of Peri-Implantitis- Dr. Jochen Pechak
- New Approaches And Materials- Dr. Lloyd Nattkemper
- Installation of Officers
- House of Delegates

"Innovation is the unrelenting drive to break the status quo and develop anew where few have dared to go."

— Steven Jeffes

SmileLine

The Newsletter
of The
Monterey Bay Dental Society

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Monterey Bay Dental Society

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Dr. Carl Sackett, DDS, Editor

Happy New Year from the MBDS!

I hope you have all had a happy and healthy start to 2023. Almost three years into the COVID-19 Pandemic, and we are still feeling the effects of the global event. This recent holiday season was trying, as we navigated three different respiratory viruses at the same time! I'm sure your offices have felt the ramifications, and I know you continue to take the necessary precautions to prevent illness to keep your patients and staff safe.

Despite these ongoing challenges, the MBDS continues to flourish, and navigate the waters of disparate economic climates, and shortages in the workforce. Our dental society has hosted a number of fun events this past year, which are featured in this issue. Under the new leadership of Dr. Devin Bernhardt, our membership will remain engaged and connected throughout 2023.

Our theme focus for this Winter issue of the SmileLine is, "***Paradigms in Periodontics.***" This specialty is undergoing changes, and new, emerging technologies are coming to the forefront. Once again, we have been graced by **three** of our own member dentists who have personally penned articles for us. A huge Thank You to Drs. Kevin O'Shea and Jochen Pechak, who share their thoughts on LANAP, and Peri-Implantitis, respectively. Thank you as well to Dr. Lloyd Nattkemper, who gives a detailed summary on updates from the most recent ISPPS and AAP Meetings. I hope you are able to take away new knowledge from their words, and perhaps implement it into your own practice.

As always, our Executive Director, Debi Diaz, is hard at work behind the scenes, making sure all runs smoothly and efficiently. She gives us a true "***Attitude of Gratitude,***" and we are forever thankful for all she does to make our local dental component evolve and progress.

I wish you all a prosperous and successful upcoming year, and, as always, it remains a true honor and privilege to be trusted with this role within the MBDS. Here's to a wonderful 2023, and hope to see you at an MBDS event in the future.

Warm Regards,

Carl Sackett, DDS

Charles ("Carl") Sackett, DDS
MBDS SmileLine Editor

Incoming President's Letter Winter 2023

Devin Bernhardt, DDS
President

Looking ahead to 2023

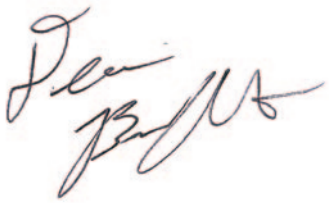
I am honored to serve as your MBDS President and I would like to thank you for your membership and support. It's important now more than ever to be adaptable and forward thinking in our practices and as a dental society. The pace of change is quickening and it seems every year there are more and varied surprises and challenges.

As your local dental society we want to facilitate support and camaraderie for our members. One of my favorite parts about being a dentist is collaborating with colleagues to discuss cases, talk about what's working in the practice and what isn't. Dentistry can be isolating especially as a solo practitioner and the dental society can help us get together for fun and to talk about the things our partners at home get tired of hearing about. The more collaboration the better.

I also want to explore and prioritize the biggest challenges for member dentists and dentistry in our area and look at things we can do either locally or at the state level to help. The dental society is effective because together we are greater than the sum of our parts and we can speak with one voice. The hard part can be knowing exactly what our members want and value in this moment. Keep an eye out for a quick survey from us in the next few weeks so we can know what the biggest concerns are for you and where you practice. That list is getting substantial, from staff shortages to dental insurance reimbursement and the increasing costs and hurdles to providing dental care.

There are things we can do locally like supporting the ROP dental assistant programs in our area as well as the Cabrillo dental hygiene school, but the larger issues like those related to dental insurance we would need to bring to CDA. The best way to do that is at the annual House of Delegates where specific resolutions are presented by different dental societies, debated and voted upon. These resolutions will guide or dictate where CDA puts its resources. It can be a long process to see the change you want to make but it almost always starts small and at the local level.

I believe dentistry is a great profession and I especially enjoy practicing in our area, but it does change and my hope is that we can guide that change to make it better. I am excited to see what this next year is going to provide and I look forward to hearing from you.



Dr. Devin Bernhardt, DDS

Outgoing 2022 Board of Directors

President	Matthew Ronconi, DDS
President-Elect	Devin Bernhardt, DDS
Vice President	Sarah Frahm, DDS
Secretary	Jennifer Lo, DDS
Treasurer	Richard Kent, DDS
State Trustee	Lindley Zerbe, DDS
Immediate Past President	Matthew Wetzel, DDS
County Directors	Brian Carr, DDS, Rajneesh Dail, DDS, Julius Kong, DDS, Christopher Mule, DDS, and Harry (Marty) Shively, DDS
Publications	Carl Sackett, DDS
Legislative Chair	Daniel Pierre, DDS
Dental Health Committee	Lloyd Nattkemper, DDS
Community & Public Relations	Eric Brown, DDS
Ethics Committee	David Shin, DDS
New Dentist Committee	Garrett Criswell, DDS
Membership Committee	Sarah Frahm, DDS
Continuing Education Committee	Devin Bernhardt, DDS

Incoming 2023 Board of Directors

President	Devin Bernhardt, DDS
President-Elect	Sarah Frahm, DDS
Vice President	Christopher Mule, DDS
Secretary	Matthew Wetzel, DDS
Treasurer	Richard Kent, DDS
CDA Board Component Representative	Lindley Zerbe, DDS
Immediate Past President	Matthew Ronconi, DDS
County Directors	Touraj (TJ) Khalizadeh, DMD, MD, Adriana LaLinde, DDS, Joshua Sanchez, DDS and Harry (Marty) Shively, DDS
Publications	Carl Sackett, DDS
Legislative Chair	Daniel Pierre, DDS
Dental Health Committee	Lloyd Nattkemper, DDS
Community & Public Relations	Eric Brown, DDS
Ethics Committee	David Shin, DDS
New Dentist Committee	Garrett Criswell, DDS
Membership Committee	Christopher Mule, DDS
Continuing Education Committee	Sarah Frahm, DDS

Welcome To Our New Members for 2023

Carmel
Andre LaMothe, DDS

Boulder Creek
Hassan Sulmaan, DDS

Monterey
Estela Goldman, DDS
Rabia Memon, DDS
Linda Martin, DDS
Esmeralda Munoz, DDS
Momin Shakoor, DDS
Lindsey Williams, DDS

Pacific Grove
Giovanna Dainty, DDS

Salinas
Kevin Coe, DDS
Quynh Nguyen, DDS
Nicholas Parks, DDS
Craig Varjian, DDS

Scotts Valley
Denisse Gomez, DDS

Santa Cruz
Samantha Blenderman, DDS
Connor Malek, DDS
Ignacio Madrid, DDS
Catalina M. Payne, DDS

San Jose
Adriana Clark, DDS
Pardis Tavakolian, DDS

We encourage old members to reach out and welcome our new members if they have not done so already. We are excited and happy to have them join us! For information about contacting our new members visit the member only section of the website for the full member directory that includes addresses and phone numbers.

THE GOLDMAN LAW FIRM

Business Employment Malpractice Defense

The Goldman Law Firm provides aggressive cost-effective and result-oriented representation to our clients. GLF focuses its practice in the representation of dentists in all of the practice areas which a dentist will typically encounter during his/her practice career.

Business Law and Litigation: GLF attorneys have comprehensive experience with the sale and acquisition of dental practices, associate agreements and partnership/corporation formation. We also handle business related lawsuits between dentists. Our knowledge with business litigation spans such issues as practice value matters, loss of goodwill, unfair competition via patient solicitation, actions against former associates, partnership dissolutions and breaches of either practice sale or associate agreements. GLF has the experience in this field second to none!

Employee Relations: GLF recognizes the need for expert advice in labor and employment contracts and disputes in today's high-risk professional environment. One of the most significant concerns facing a dentist is how to minimize the risk of an employee-based lawsuit. GLF proactively provides dentist/owner protection with effective staff employment agreements, policy manuals with mandatory dispute notice provisions, and binding arbitration of disputes. GLF defends dentists in matters ranging from Labor Commissioner actions, whistle blower claims, gender based claims, PAGA actions and traditional wrongful termination of claims.

Malpractice Defense: GLF has one of the most successful track records in winning jury trials and arbitrations in malpractice cases involving restorative, endodontic, periodontic, orthodontic, nerve injury, osteomyelitis and complicated infection issue cases. GLF welcomes doctors to contact them regarding potential claims or to obtain a second opinion on a malpractice defense position.

Having the right lawyer can make the difference between winning or losing and between a really good deal or a really bad deal! For those reasons, consider The Goldman Law Firm for your legal needs.

GOLDMAN LAW FIRM
55 Main Street
Tiburon, CA 94920
(415) 435-5500
(415) 435-5156 fax
Snakebit@GoldmanLawFirm.net

Upcoming 2023 Continuing Education Schedule

Thursday, February 2, 2023
Aman Bhullar, DDS
IMPLANT PLACEMENT PRINCIPLES, WITH HANDS ON MOTORS DRILLING ETC.
Monterey Bay Dental Society Office, 8 Harris Ct. A2, Monterey, CA 93940
6-8:30 pm *(Light dinner at 5:45 pm)*
2.5 CE Units (Core)
$149 CDA members - staff $249 - non-members $249 (Includes Dinner)
Sponsor: Nobel Biocare USA
Register online at mbdsdentist.com

Tuesday, February 7, 2023 (LIVE WEBINAR)
Casey Grover, MD and Reb Close, MD
OPIOID DRUGS PRESCRIBING SCHEDULE - RESPONSIBILITIES AND REQUIREMENTS
6-8 pm
2 CE Units*- *IMPORTANT: THIS COURSE SATISFIES THE 2 CE UNIT REQUIREMENT (FOR DENTISTS) MADE EFFECTIVE BY THE DENTAL BOARD OF CALIFORNIA FOR LICENSE RENEWAL EFFECTIVE JANUARY 1, 2023.*
$49 CDA members and staff- $79 for non-members
Register online at mbdsdentist.com

Tuesday, February 21, 2023, 5:30 PM
CPR – HygieneWize (Held at the MBDS Society Office – (*Additional dates TBD*)
Presenter: Theresa McCarter, RDH (Hygienewize)
Monterey Bay Dental Society office, 8 Harris Ct. A2, Monterey, CA. 93940
Tuesday, February 21, 2023, 5:30 PM
Online Registration is coming soon!

Friday, March 3, 2023
Andre Sheridan
CREATING A 5 STAR CUSTOMER SERVICE EXPERIENCE
REGISTRATION: 8 – 9 am (*coffee & tea provided during registration*)
COURSE: 9 am – 5 pm (Lunch provided)
Ferrante's Bay View Meeting Room at the Monterey Marriott
350 Calle Principal, Monterey, CA 93940
7 CE Units (20% category)
$285 CDA members - staff $85- non-members $385(Includes lunch)
Online Registration is coming soon!

Thursday March 30, 2023 (GENERAL MEMBERSHIP DINNER MEETING)
Justin Austin
MAXIMIZING THE ITERO SCANNER IN THE DENTAL PRACTICE
Bayonet Black Horse, Seaside, CA 93955
6 pm – 8:30 pm
2 CE Units (Core)
Member Dentists: no charge
Non-members, retired members & guests $65
Online Registration is coming soon!

Friday, May 5, 2023
Art Curley, Esq. & Theresa McCarter, RDH (HygieneWize)
CALIFORNIA DENTAL PRACTICE ACT, INFECTIONS CONTROL & OSHA
REGISTRATION: 8 – 9 am (*Full breakfast will be served during registration. *No lunch"*)
COURSE: 9 am – 2 pm
Monterey Marriott, 350 Calle Principal, Monterey, CA 93940
4.5 CE Units (***Satisfies Dental Board's Licensure Renewal Mandate***)
$120 CDA members - staff $85- non-members $250 (Includes breakfast)
Online Registration is coming soon!



Monterey Bay DENTAL SOCIETY

Opioid Webinar

Tuesday, February 7, 2023 | 2.0 CEU | 6–8 p.m. | Zoom

Opioid Prescribing for Dentists: Pain Management, Addiction and Prescribing

To register, click here or visit mbdsdentist.com

Learning Objectives

- Explore pain management drug options for acute pain control
- List how to register for, and utilize, CURES (Controlled Substance Utilization and Review and Evaluation System)
- Discuss red flag indicators of prescriptions issued for reasons other than a legitimate medical purpose
- How to manage acute and chronic pain in the dental setting.
- The risks and identification of opioid use disorder.
- The practices and legal requirements for opioid prescribing and dispensing.

This course satisfies the 2 CE unit requirement made effective by the Dental Board of California for license renewal effective January 1, 2023

Fees

Members and staff: $49
Nonmembers: $79

Registration and C.E. Details

- **The registration deadline is February 3.**
- Cancellations of registration must be made by February 2 to receive a refund. Cancellations will incur a $10 process and handling fee.
- Cancellations after February 2 or no shows will not receive a refund.
- Participants must watch the entire course in order to receive CE units. Participants' log in and log out times will be recorded as proof of participation in the event of a Dental Board audit. Those logging in more than 15 minutes after the start time will not receive their CE units and will need to register for a future course.

This is a joint program of Monterey Bay Dental Society and:

HARBOR DENTAL SOCIETY · mpds Mid-Peninsula DENTAL SOCIETY · SAN FRANCISCO DENTAL SOCIETY · San Mateo County DENTAL SOCIETY · SOUTHERN ALAMEDA COUNTY DENTAL SOCIETY

Speakers


Casey Grover, MD, and Reb Close, MD

Dr. Grover and Dr. Close are emergency physicians at Community Hospital of the Monterey Peninsula, are board eligible in Addiction Medicine and are clinical physician leaders for the Monterey County Prescribe Safe Initiative. The Monterey County Prescribe Safe Initiative was established in 2014 in response to prescription drug addiction and deaths from drug overdoses in Monterey County. It has evolved to address the current drug misuse trends, community prevention and addiction treatment efforts.

8 Harris Court, Suite A-2 Monterey, CA 93940 831-658-0168 www.MBDSDentist.com

Members of the Monterey Dental Society,

We Need You

to help Dentistry4Vets
save and serve one veteran at a time.

Each veteran we will ask you to assist has been pre-screened.

Call or go to our website for information on how you can help deserving veterans of Monterey, Santa Cruz, and San Benito Counties through volunteer efforts within our dental community.

www.Dentistry4Vets.org

email: info@dentistry4vets.org

Phone: 831 744 VETS (8387)

New Approaches And Materials: Some Highlights From The International Society Of Periodontal Plastic Surgeons and American Academy Of Periodontology Meetings, Phoenix, October26 and 27-30, 2022

Lloyd P. Nattkemper, D.D.S.

Since its inception 36 years ago as a small study club, the International Society of Periodontal Plastic Surgeons (ISPPS) has provided a format in which members present new concepts, procedures, materials and applications to address a wide variety of challenges in periodontics and (for the last 20 years) implant dentistry. The meeting takes place on the day preceding the annual meeting of the American Academy of Periodontology (AAP). I attended both meetings this past October, took 14 pages of notes between the two meetings—I'm not going to subject you to all that!!—but will do my best to spotlight some exciting concepts, technologies and techniques that may enhance the quality and predictability of care you can provide your patients.

ISPPS:

Dr. Mitsuhiro Iwata detailed materials (FG Regrowth, not yet available in the U.S.) and a surgical procedure (buccal flap and interdental split-thickness dissection, connective tissue graft (CTG) placement and an innovative suturing technique for coronal flap advancement, that results in regeneration of an average of 2mm of interdental papilla height in the maxillary anterior.

Dr. Peter Nordland presented multiple cases and the technique he uses for mandibular lingual soft tissue augmentation. He emphasized the importance of providing well attacged fibrous tissue, as a "barrier" to calculus formation. He utilizes an operating microscope, multiple curettes and periodontal chisels, along with tetracycline burnishing to effect root debridement, a micro-scalpel that he bends to allow for precise development of a tunnel into which a connective tissue graft is inserted—including beneath the interdental papillae. Peter uses 6.0 and 7.0 PTFE suture, then places Peri-cryl and Stomadhesive as a dressing.

Dr. Brad Ross presented a new approach for management of maxillary anterior recession and elimination of amalgam tattoos: he calls the technique "The Free Buccal Graft". It is appropriate for treating 1-3 teeth, excellent for young patients or any patient apprehensive about having tissue removed from the palate. He prepares a bed (removing epithelium) from the region to be treated, performs root instrumentation, measures dimentions of the region, and then harvests a gingival graft using tissue from the buccal aspect of the maxillary molars (leaving the gingival margin intact). This tissue, typically 1.5 mm in thickness, is sutured onto the prepared bed. The technique provides a highly esthetic (not the "tire patch" appearance typical of palatal gingival grafts), result, converts the gingival phenotype increasing the zone of attached tissue.

Dr. SaynurSe-Awngul detailed facilitated orthodontics with minimally invasive periodontal procedures. The technique she presented helps to minimize the typical "risks" of orthodontic treatment including recession & movement of roots out of the ridge. Through the Regional Acceletory Phenomenon (RAP) treatment time is reduced typically to at most 4 months. She uses a Piezosurgery knife directly through the gingival tissues on the buccal aspect of teeth to be treated, incising approximately 3mm so as to penetrate the medullary bone. An extremely conservative lateral dissection is performed to create space for osseous graft material. Graft material is placed into the bone cuts and only 1 or 2 sutures are placed over each site. She recommends in most cases use of 30 clear aligners over a 4 month time-frame, with subsequent fixation for 2-3 months.

Dr. Jeff Ganeles focused on benefits of using platelet-derived growth factor (PDGF, marketed as "GEM-21". Jeff cited multiple articles as well as his own clinical observations that in cases presenting with recession, a PDGF-soaked collagen sponge secured over meticulously instrumented roots, then covered with a full-thickness coronally-advanced flap, will result in bony coverage of the roots and an increased zone of keratinized tissue.

Perry Klokkevold, DDS in the exhibit hall at the AAP with Lloyd P. Nattkemper, D.D.S. Perry serves as the president of the California society of periodontists. He just recently retired as program director of the UCLA postgraduate periodontal program.

Edward "Pat" Allen presented a tunnel technique he has developed for soft tissue defects around implants. He emphasized that a critical goal of soft tissue grafting is gain of keratinized tissue—what he calls "functional tissue". Pat, by the way, has a webinar on YouTube with 45 tips for doing his tunnel technique for teeth and implants. Briefly, this procedure first involves cleaning of the implant surface, intra-sulcular incisions on the adjacent teeth.and, as needed, vertical incisions can be placed in order to facilitate tunnel development--but not in proximity to the implant. A folded graft (he typically uses Alloderm) is brought into the tunnel with sutures, and in some cases osseous graft material is placed beneath the soft tissue graft—all secured with sling sutures (6.0 or 7.0 polypropylene) that wrap around the lingual aspect of each tooth or implant. He uses a very similar approach for implant site development.

Dr. Bob Levine has developed a comprehensive "Esthetic Risk Assessment" that is informative for patients, serves in helping appropriately treatment plan and provide an excellent medico-legal document in implant care (this is available through his office). Bob profiled his approach to implant site development using Titanium (Ti) mesh material. He uses a combination of freeze-dried bone allograft (FDBA) with PDGF placed to slightly over-bulk the alveolar defect, secures a Ti mesh usually with 2-4 screws on the buccal aspect and 2-3 on the lingual, all 3-5 mm in length. Bob mentioned that he is working with a company that will soon be providing customized Ti mesh, made via 3-D printing, designed to conform precisely to alveolar contours and can have openings to accommodate implant placement with the mesh in place. He places a resorbable membrane soaked in PDGF over the

mesh prior to closure. He also detailed measures to manage premature Ti mesh ex posure—gentle cleansing with a solution of 1 tsp bleach in ½ c water, TePe implant brushes, and careful monitoring until time of implant exposure.

Dr. Ernesto Lee presented extensively documented cases where he has used his "S.M.A.R.T." (subperiosteal minimally invasive regenerative technique) for ridge augmentation (primarily in implant-site development). I attended the very first hands-on course Dr. Lee gave demonstrating this technique in 2017; he has refined and simplified the procedure since then. IA small vertical incision is made distant to the area of augmentation; proprietary instruments Ernesto developed are used to dissect via periosteal elevation, creating a full thickness soft tissue "pouch" over the defect. Bio-Oss and PDGF-BB are mixed and then syringed into the pouch (no membrane is placed). Implants can be placed at 6-8 months postoperative.

Dr. Rodrigo Neiva presented a technique he developed for management of alveolar ridge deficiencies, utilizing a resorbable membrane and "lasso" suture. This involves first dissecting a split-thickness flap region around the deficiency that leaves periosteum intact (where sutures will be secured). This also, in combination with a single apical release incision, allows mobilization of the flap, creating space for graft materials. Full thickness reflection is done within the deficiency. A slowly resorbable membrane is secured to the exposed periosteum, and he then places a layer of cancellous allograft. A layer of cortical bone allograft is placed over this, and the membrane is then sutured over this utilizing a "lasso" suture, with several strands wrapping over the membrane (with graft materials inside), all secured to the periosteum surrounding the area. Rodrigo uses a slowly-resorbable (.140 days prior to resorption) suture for the membrane, and PTFE suture (continuous sling) to close the soft tissues over this. As such, The only material the clinician needs to remove prior to further procedures-such as implant placement- is the Teflon suture.

Robert Horowitz outlined his use of bioactive materials in periodontics and implant-related applications. Bobby emphasized that in his opinion, providing predictability in outcomes, maximizing esthetics and minimizing complications are paramount. He rarely places immediate implants, citing the often-irregular alveolar contours in and around extraction sites as a risk both for predictable implant stability and esthetics. He stated that ideally, at least 2 mm of bone on B and L aspects of any implant, with 3 mm non-movable mucosa (keratinized attached gingiva) should be present. Bobby usually uses the tooth or teeth he has extracted that are cleaned with EDTA and processed with the Smart Dentin Grinder, sometimes combined with cortico/cancellous allograft to fill the socket or sockets. He consistently includes PDGF with the graft materials. Dr. Horowitz then places a Bio-Exclude membrane over the site(s), and finally, a layer of platelet-rich plasma (PRF, produced chairside prior to the procedure, via a blood draw and centrifuge. The PRF speeds healing and closure, protects the site, and virtually eliminates the risk of postoperative bleeding.

AAP American Academy of Periodontology :

I'm going to highlight only a single course (there were four lecturers) from the 2022 annual meeting of the American Academy of Periodontology (AAP). There were many excellent lectures and numerous new technologies presented during the meeting: however, one of the general sessions presented an almost entirely novel and certainly controversial paradigm. The lecturers included a prosthodontist, periodontist, orthodontist and endodontist. The topic, very simply, addressed whether dentistry's current infatuation with removing teeth deemed "questionable", "compromised" or "hopeless"" and replacing them with dental implant-supported restorations is wise, when considering long-term outcomes.

Speakers cited a large number of cases where cutting edge endodontic therapy, root reshaping and periodontal regenerative therapy including use of biologics, incorporation of orthodontic tooth movement (sometimes involving vertical movement), conservative restorative treatment, careful maintenance and follow-up on treatment protocols resulted in comfortable, relatively inexpensive retention of teeth slated as "hopeless" or "compromised" –in most cases for 20 to 60 years. In situations where problems occurred they could usually be managed with conservative and simple measures. This sometimes takes a team of knowledgeable clinicians as well as an informed, involved patient. And, clearly there are teeth that are best removed!

Lloyd P. Nattkemper, D.D.S. and Joan Otomo-Corgel, DDS at the AAP meeting in Phoenix. Dr Otomo has been an instructor in the West Los Angeles VA periodontal program for nearly 40 years. She served as AAP president in 2017 and is extremely active in serving in multiple dental organizations. She also has he full-time practice in Los Angeles.

Dental implants represent an excellent option. But the lecturers also made it clear that the AAP consensus has shifted from a few years ago: long-term predictability of implants has proven to be fairly inconsistent, and costs for our patients can be considerable, including complex and expensive treatment of implant complications occurring months or years after case completion. A return to high-quality endodontic, periodontal, orthodontic and restorative dentistry—poised to help patients keep their teeth—is what the lecturers (and the Academy) urges us to consider.

Cabrillo College Dental Hygiene Program

On behalf of the Cabrillo College Dental Hygiene Program, I extend the warmest thank you to the Monterey Bay Dental Society for their generous contributions. We received checks for the Big Sur Marathon organized by Lindley Zerbe and from the Shred Event that was hosted by the Monterey Bay Dental Society. Your unwavering support of the Dental Hygiene Program at Cabrillo is appreciated by all the faculty, staff, and students. Your contributions help to provide much needed equipment and materials that are not covered by the College.

We also owe another big thank you to the local dentists who have referred patients to our clinic for x-rays or dental hygiene preventive services. Our fees are ideal for patients who do not have insurance and cannot afford care in a private office. In the Aptos Dental Hygiene Clinic 4 quads of SRP cost $100, bitewing x-rays $35, and panoramic images $30. If you are unfamiliar with our fee schedule, take a look online at the Cabrillo College website for the Dental Hygiene Clinic for a complete list. We appreciate your referrals as the students are in perpetual need of patients to fill their clinical and radiology schedules.

In celebration, the dental hygiene students have completed their third semester. This fall the program welcomed guest speakers for oral pathology, guided biofilm therapy, and public health dentistry. The students also received training for certification in the use of dental lasers through the Academy of Laser Dentistry. Lastly, a new rotation was initiated at the Stroke and Disability Learning Center located on the Aptos Campus. The students are learning to manage patients with aphasia and mobility limitations from strokes and other traumatic brain injuries. In addition, important upcoming milestones are scheduled for the spring. The dental hygiene students will take the National Board Dental Hygiene Exam during spring break, graduate in May, and take the dental hygiene clinical board exam at the beginning of June. Once the students pass their exams, they will be ready for licensure and able to fill the need for local dental hygienists.

As for employment opportunities, there have been many inquiries about posting open dental hygiene positions. Cabrillo has a new Job Board where employers can post

https://www.cabrillo.edu/career-services/employers-recruiting/#post-employment-opportunities

Students from the current cohort and from previous graduating classes have been informed to look for dental hygiene positions for local dental offices on the Job Board.

Finally, the construction upgrades to the electrical and HVAC systems are expected to be completed by the end of January. This means that Cabrillo College Dental Hygiene will accept a new cohort in June of 2023. The program plans to accept a new cohort every year thereafter which is good news for everyone.

Heather Lawler RDH, MSDH
Cabrillo College Dental Hygiene Program Director

MBDS Infection Control Course on May 6th, 2022

Thank you as always to Theresa McCarter, RDH (Hygienewize), and Julia Goldman, Esq. for speaking at our May 6th Infection Control and DPA Course at the Monterey Marriott. A true joy to be able to gather in person again, for this annual Continuing Education course provided by the MBDS.

New Technology In Periodontal Therapy

Dr. Kevin E. O'Shea, DDS

The newest technology available for periodontal therapy is the **Nd:YAG Millennium PerioLase.**

This is the latest generation of the Nd:YAG laser and it's designed specifically to treat periodontal disease. Like LASIK surgery for the eyes, this therapy using the new laser is a breakthrough in the treatment of periodontal disease. It's a therapy that eliminates the need, in some cases, for conventional blade and suture surgery. Instead of cutting away tissue, we're now able to regenerate soft tissue and bone by encouraging the body to heal itself naturally.

The LANAP procedure is patented and FDA approved. The objective of LANAP laser therapy is pocket reduction achieved by establishing a new connective tissue attachment to the tooth at a more coronal level. The LANAP procedure provides an environment in which new bone, cementum and periodontal ligament can form on previously diseased root surfaces. LANAP laser therapy allows us to treat periodontal disease with a minimally invasive procedure that eliminates the need, in some cases, for conventional flap and osseous surgery with expensive bone and barrier membranes.

Some Of The Clinical Advantaes Of This New Laser Procedure Include:

- Precision
- Deeper penetration-can kill bacteria beyond the working tip up to 1.5mm into dentin tubules
- Selective photo-thermal ablation of red inflamed tissue
- Affects calculus for easier removal
- Neutralizes endotoxins in root and tissue
- Bio-stimulation of stem cells in the periodontal ligament to promote regeneration
- Hemostasis
- Less recession
- Much less sensitivity
- Quicker overall healing

Limitations Include:

- Specialized training and safety precautions are required and equipment is relatively expensive

- Initial delay in soft tissue healing
- Cannot be used to remove hard tissue or on amalgam
- Treatment time could take longer than conventional methods
- Not appropriate for crown lengthening with osseous contouring, gingival grafting, or procedures to expose fractures, etc.
- Not every tooth can be saved and double-digit pockets may need double treatment
- Not every pocket responds well, i.e. smokers
- As with traditional flap surgery, Class II and Class III furcations will usually be a problem

In addition to the clinical benefits and limitations, laser therapy benefits for patients include significantly less pain, recession, bleeding, root sensitivity as well as minimal swelling and downtime following treatment. Less downtime is cost effective because patients don't have to miss much work unlike conventional treatment which could be up to a week.

Laser treatment is also ideal for patients with medical concerns requiring drugs such as aspirin, Plavix or Coumadin because they do not have to discontinue use of the drugs with laser therapy. Patients with advanced periodontal disease who take bisphosphonates such as Fosamax can avoid extractions that can lead to osteonecrosis of the jaw because teeth with a poor prognosis can now often be saved by LANAP treatment.

The Millennium PerioLase's fiber optic tip removes diseased tissue and kills bacteria in the pockets. Healthy tissue is minimally affected by the laser. Ultrasonic scalers and currettes remove the loosened calculus deposits. The laser makes an additional pass on a different setting to kill bacteria at the base of the pockets and on the bone. The laser also stimulates the formation of healing fibrin clots which seals the pockets and allows regeneration of bone and soft tissue.

LANAP laser treatment can be achieved, in most cases, in only one visit because the new laser therapy eliminates the separate deep scaling visits. This makes it ideal for patients who are fearful of conventional periodontal deep scaling and surgery. Of course, regular supportive periodontal maintenance visits and good plaque control will be necessary following LANAP laser treatment.

LANAP Laser Treatment Procedure Can Be Described In These Seven Steps:

1. Periodontal probe indicates excessive pocket depths.
2. The laser removes bacteria and diseased tissue.
3. An ultrasonic Piezo scaler and special hand instruments are used to remove root surface tartar.
4. Blood clots in the pockets and keeps the epithelium from growing back into the pockets (barrier membrane not required).
5. The soft tissue and bone begin to reattach to the clean root surface.
6. Any bite trauma is adjusted.
7. New connective tissue attachment and bone growth occur.

The Appointment Process With LANAP Treatment:

- **First Visit:** Patient examination including digital x-rays to measure the bone, plus bacterial samples and culturing if indicated.
- **Second Visit:** Treatment recommendations are presented.
- **Third Visit:** LANAP treatment is usually completed in one visit and the patient can return to work the same day if not sedated.
- **Short follow-up visits** and regular maintenance are scheduled after the laser treatment.

For patients who are concerned about conventional periodontal blade and suture surgery for treatment of periodontal disease, the new LANAP treatment can be a life-changing event. They're often able to save their teeth, preserve their natural smile, and avoid the potentially life-threatening systemic effects of untreated periodontal disease. LANAP treatment gives these patients another possible option.

Dr. Kevin O'Shea, D.D.S.

Dr. Kevin O'Shea received his D.D.S. degree from the University of the Pacific, and his certificate in Periodontology from Tufts University. He is a member of the American Academy of Periodontology, the California Society of Periodontists, and the International Congress of Implantologists. He has been in practice since 1992, and has also spent time as a clinical instructor in the department of Periodontology at UOP.

Peri-Implant Disease: What We Know and What We Need to Know

Dr. Jochen Peter Pechak, D.D.S, M.S.D.

The replacement of missing teeth with dental implants has become the standard of care for treating many cases of missing teeth. Even with reported implant success rates of 90% to 98%, attendant reports of implant failure due to peri-implant disease are increasing.

The disease begins initially as peri-implant mucositis, a bacterially mediated inflammatory lesion limited to the soft tissues surrounding the implant similar to gingivitis —and develops into peri-implantitis, an inflammatory bacterial condition like periodontitis which leads to the gradual loss of the bone supporting the implant.

The 2017 World Workshop on Periodontology and Implantology issued new classifications of peri-implant disease:

1. Peri-Implant Health.
2. Peri-Implant Mucositis
3. Peri-Implantitis

Peri-implant health is characterized by the absence of erythema, bleeding on probing, swelling, and suppuration. In health, there are no visual differences between peri-implant tissues and periodontal tissues. However, the probing depths may be greater at the implant site versus tooth sites, as attachment to teeth and implants are different. Signs of peri-implant diseases are similar to symptoms of periodontal diseases — red or tender gingiva around the implants, bleeding when brushing, suppuration and pocket depth greater than 5mm.

Peri-implant mucositis is an inflammation confined to the soft tissues surrounding a dental implant, with no signs of radiographic bone loss. The main clinical characteristic of peri-implant mucositis is bleeding on gentle probing. Erythema, swelling, and/or suppuration may also be present. An increase in probing depth is often observed in the presence of peri-implant mucositis due to swelling or decrease in probing resistance due to inflammation. There is strong evidence from animal and human experimental studies that bacterial plaque is the major etiological factor for peri-implant mucositis due to swelling or decrease in probing resistance due to inflammation. There is also strong evidence that bacterial plaque is the major etiological factor for peri-implant mucositis. Peri-implant mucositis develops due to an imbalance between the bacterial challenges of the microbial biofilm and the local host response. Evidence suggests that peri-implant mucositis can be successfully and predictably treated, and is reversible if caught early. **Peri-implant mucositis has been identified as a precursor to peri-implantitis.**

Peri-implantitis is a plaque associated pathological condition occurring in dental implant supporting tissues characterized by inflammation in the peri-implant tissues and subsequent progressive radiographic loss of supporting bone. Other clinical signs are bleeding on probing, increased probing depths, suppuration, and possibly recession of the gingival margin around the crown. Peri-implantitis usually requires surgical treatment to prevent progressive bone loss and/or implant failure. The principal factors for recession of the peri-implant mucosa around the crown margins are loss of supporting bone, thin gingival biotype (phenotype), lack of keratinized tissue, loss of attachment on adjacent teeth, and sometimes facially-positioned implants. Several studies have suggested that as many as 80 percent of patients will develop peri-implant mucositis, and as many as 40 percent of implants and 18.5 percent of patients will develop peri-implantitis. An even greater frequency of peri-implant diseases was recorded for smokers, diabetics, excessive luting cement, and individuals with active periodontal disease elsewhere in the mouth. One study following 2,300 implants for ten years found that the risk of implant failure was eight times greater in patients with severe periodontal disease than in patients with healthy supporting tissue and bone. **When compared with healthy implant sites alone, peri-implantitis is associated with a higher percentage of anaerobic bacteria — the same bacteria which cause periodontitis.**

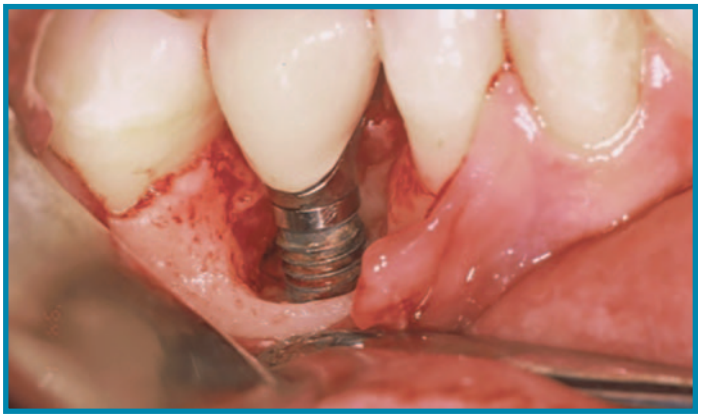


Figure 1. Circumferential bone loss is typical with peri-implantitis. The only hope for treatment is to debride and decontaminate the implant surface. Supplemental bone grafting is also indicated.

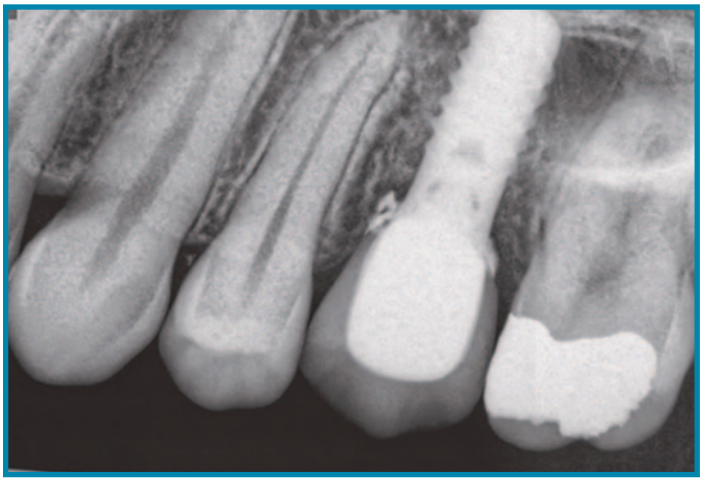


Figure 2. This radiograph reveals radiopaque subgingival cement, which is beginning to destroy the surrounding bone on this implant.

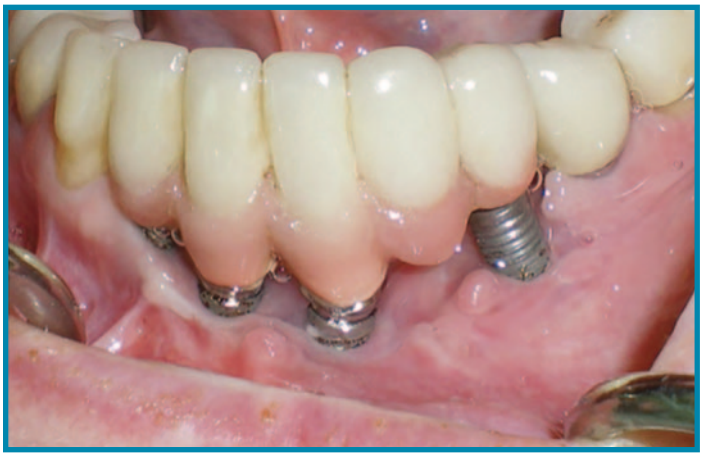


Figure 3. The lack of keratinized gingiva has contributed significantly to the loss of bone support around these implants.

Preventing Peri-Implant Disease

It appears that both the clinicians who place the implant and those who restore it can mitigate some of the risk factors for peri-implant disease. The surgical placement should be as ideal as clinically possible. Adequate bone volume (reconstructed if indicated), appropriate diameter of the implant fixture relative to the bone anatomy, and depth and angulation of the implant will minimize restorative complications. A prosthetically-driven treatment plan is imperative for a predictable outcome.

- The patient must be able to adequately clean the restoration with an oral hygiene device such as an interproximal brush. The embrasure space simplifies access for enhanced plaque control.
- Pontic areas should be convex rather than concave to ensure cleansability.
- The peri-implant tissues should be monitored for early indications of disease. Treatment should begin immediately to prevent the development of peri-implantitis associated with bone loss.
- A radiograph should be taken annually or every other year to monitor for crestal bone loss changes suggesting the onset of a peri-implantitis lesion.

Dr. Jochen Peter Pechak, D.D.S, M.S.D.

Dr. Jochen Peter Pechak, D.D.S, M.S.D. is a practicing periodontist & implant specialist with offices in Monterey & Silicon Valley. He attended dental school in Munich, Germany , and completed his postdoctoral residency at Tufts University, Boston, MA, where he also served as faculty member. He has been practicing in the SF Peninsula since 2001 (Palo Alto & Sunnyvale) and in the Monterey Peninsula since 2007. He is an active member of the Monterey Bay Dental Society.

Patient selection prior to dental implant consideration is important in minimizing the risk of future peri-implant complications. Patients with active and previously treated periodontitis have a higher risk of peri-implantitis. In addition, many studies indicate that patients with diabetes or a smoking habit also will have a higher risk of peri-implantitis. The role of periodic supportive periodontal maintenance (SPT) for patients with dental implant restorations has been shown to be very effective in addressing inflammatory issues and monitoring crestal bone levels compared to those patients without supportive periodontal maintenance. Research has found patients who regularly comply with periodontal maintenance, with a minimum recall interval of five to six months, experience significantly reduced associations with peri-implant mucositis (-55%), marginal bone loss (-34%) and peri-implantitis (-77%).

Alveolar bone and soft tissue deficiencies may occur following extractions and healing without alveolar ridge preservation. When extracting teeth, every precaution should be taken to preserve and regenerate hard and soft tissue to provide an optimum site. Compromised implant sites will often require augmentation procedures to provide a better esthetic and functional outcome for the patient.

The risk of peri-implant disease is substantially greater with cemented restorations compared to screw retained restorations.

• Residual cement must be removed when placing a cement-retained restoration. Cement provides a favorable platform for plaque deposition, much like calculus on a tooth. The onset of inflammatory signs and suppuration can take years to develop and is often not discovered until there is substantial loss of attachment.

• The cementation process can be well controlled by using a duplicate (mock) abutment inserted into the crown. This allows all excess cement to be extruded and removed prior to permanent cementation.

• Cements which are radiopaque should be used rather than those that are radiolucent in order to identify the possible presence of excess cement on a radiograph.

• The soft tissues adhere to an abutment surface via a fragile hemidesmosomal attachment. This soft tissue attachment can be readily disrupted by excess cement flow.

Implant Considerations

In health, the soft tissues attached to the implant collar and abutment have a weak epithelium hemidesmosomal attachment, or a connective tissue attachment. This attachment is the first line of defense against inflammatory changes of peri-implantitis. Numerous research publications and clinical case reports have described the different soft tissue attachment responses to various implant collar, implant and abutment surfaces (smooth metal, roughened, microtextured or ceramic). Shapoff and others have demonstrated in case reports successful, long-term clinical outcomes utilizing microtextured implant technology.

Custom abutments have generally become the treatment of choice. These permit the design of the abutment/ crown interface to be well-controlled just .5-1mm subgingivally allowing for efficient cleansability. Screw-retained restorations virtually eliminate the problems associated with cement-retained restorations. The implant industry is developing new, innovative designs which simplify screw-retained restorations. The evidence strongly supports the benefits of a thick gingival biotype and an adequate zone of keratinized gingiva on the long-term health of the peri-implant tissues. Keratinized gingiva may also have advantages regarding patient comfort and ease of plaque removal.

Diagnosing and Treating Peri-Implant Diseases

Probing of peri-implant tissue with light force has been determined to be a safe and important part of a complete examination. Peri-implant mucositis is a reversible condition and requires immediate intervention to treat and prevent further deterioration.

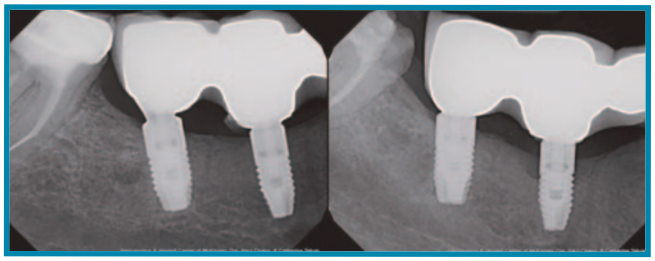
Thorough mechanical debridement of the area along with improved plaque control and local antimicrobials such as Betadine or chlorhexidine irrigation is often sufficient to resolve peri-implant mucositis. Cervitec Plus, a chlorhexidine and thymol varnish, has been used. Using a water irrigator with chlorhexidine has been shown to reduce peri-implant mucositis by up to 70%. Some practitioners have found air polishing with glycine powder effective at removing plaque from dental implants.

The onset of peri-implantitis may occur early following implant placement. Radiographic bone level loss of 3mm or greater, and probing depths of 6mm or more, indicate peri-implantitis. Peri-implantitis, in the absence of treatment, seems to progress in a nonlinear and accelerating pattern. The tissues supporting an

implant are more vulnerable to periodontal pathogens than teeth. Most implants lack a connective tissue attachment to the implant collar. Once infection starts, these implants are much more vulnerable to disease progression than natural t eeth, which do have an attachment to the cementum. The loss of attachment and bone support around an implant tends to be circular, rather than vertical, as it is with natural teeth.

Nonsurgical Treatment

Currently, the only proven way to stop the progress of peri-implantitis is mechanical debridement to remove the bacteria and their byproducts, and/or eliminating sub gingival excess cement at the abutment/implant margin. The use of antimicrobial oral rinses, irrigation, and local drug delivery systems has been shown to have a limited beneficial adjunctive effect on per-iimplantitis when used in combination with mechanical debridement. If nonsurgical therapy has been attempted and the inflammation has not resolved, surgical therapy is required.



Figures 4 and 5. Contrary to expectations, the anterior implant is the one exhibiting distal bone loss.

Surgical Treatment

A full-thickness flap around the affected dental implant must be elevated to completely visualize the implant surface. The implant can then be mechanically debrided to fully remove any retained cement, the adherent biofilm, or inflamed granulomatous tissue. Other methods to debride a plaque contaminated abutment or implant surface include appropriate use of sonic and ultrasonic scalers, lasers, airpowder abrasion, and various chemical solutions such as citric acid, hydrogen peroxide and saline.

Laser Treatment

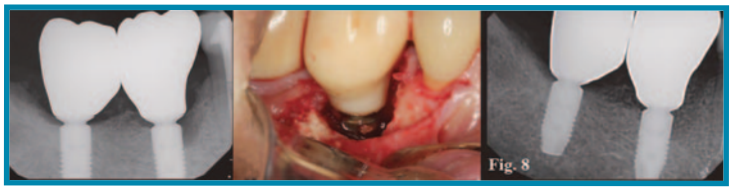
Some clinicians have reported success in removing infection and even regenerating bone using laser therapy. An Nd:YAG laser is able to decontaminate the tissues surrounding the ailing implant, while an Er:YAG laser is able to disinfect the contaminated implant surfaces. The laser has been shown to help mitigate the bacterial infection without apparent damage to the implant itself or the surrounding tissues. McCawley and Rams found laser treatment on mostly natural teeth and a few implants immediately suppressed putative bacterial pathogens in deep periodontal pockets to below culture detection limits. A recent publication demonstrated laser treatment was able to increase crestal bone mass around the implant and reduce probing depth, thus permitting resolution of peri-implantitis.

Regenerative Treatment

The optimal outcome of peri-implantitis treatment is regeneration of the lost hard tissue around the implant. Following successful implant surface decontamination, various bone regenerative techniques utilizing autogenous, allograft or xenograft bone and growth factors (bone morphogenetic proteins (BMPs), recombinant human platelet-derived growth factor (rPDGF), autologous platelet-rich fibrin (PRF) and barrier membranes) have been used to rebuild lost bone support around the "ailing" implant.

Conclusion

Current knowledge suggests that peri-implant disease is a condition that, while having several traits in common with periodontal disease — in particular the Porphyromonas gingivalis bacteria which causes it — is probably much more complex, and with unique and distinctive features that need to be thoroughly investigated. Control of periodontal disease in other areas of the mouth prior to implant placement is critical to preventing cross-infection of the implant. Poor plaque control and lack of regular maintenance constitute major risk factors for peri-implantitis. Strict adherence to regular periodic maintenance is the most important preventive measure, permitting early detection of peri-implant disease. Improved methods of cementation technique, shallow subgingival margins with the use of custom abutments, and early and frequent follow-up visits in a shared maintenance approach will minimize the often irreversible effects of peri-implantitis. Clearly, however, the best approach, as always, is prevention.



Figures 6, 7 and 8. Following decontamination of the implant surface and bone grafting, the postop X-ray reveals regeneration of new bone.

Big Sur Marathon Water Station Volunteers

The Monterey Bay Dental Society continues to keep members engaged with various events throughout the year, like the Big Sur Marathon Water Station, and our Annual Shred-A-Thon.

Shred-A-Thon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The 2022 House of Delegates

Dr. Matthew Ronconi

The 2022 House of Delegates was held on November 18-19 at the Sacramento Hyatt Regency. Spirits ran high as this was the first in person House of Delegates since 2019. The CDA House of Delegates (HOD) is the policy-setting body of CDA, representing all members of the association. The HOD meets annually to set strategic direction on matters of dental policy and practice, act on recommended bylaws changes, elect officers of the association, and establish membership dues.

The Monterey Bay Dental Society (MBDS) sent a delegation of 4 members to the CDA HOD this year. The delegation included Dr. Lindley Zerbe (Monterey), Sara Fraham (Monterey), Devin Bernhardt (Scotts Valley) and Matthew Ronconi (Salinas). The alternative delegates in attendance were Dr. Nannette Benedict (Scotts Valley) and Geralyn Menold (Hollister). The number of delegates sent to the HOD from each component society is allotted by the total number of members in the respective society. This year, the HOD consisted of just over 200 voting members.
It was quite impactful to see 200 passionate dentists in one room working together to protect and improve our amazing profession. Important issues were discussed including, but not limited to, sleep dentistry, workforce shortages and barriers to healthcare for special healthcare needs patients. Spirited debate arose on a number of hot button issues, but the overriding tone was positive and constructive.

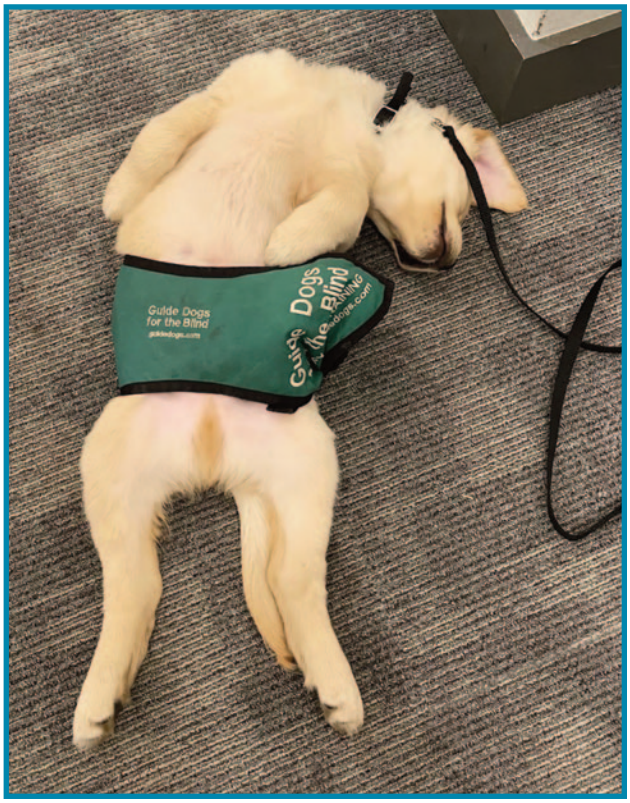
I personally found my first House of Delegates meeting to be an incredible experience. I enjoyed observing the inner mechanics of how policy is made. It was a wonderful opportunity to build relationships amongst my co-delegates as well as the delegates from component societies.

If given the opportunity, I would love to attend the 2023 House of Delegates meeting.

Installation of Officers 2022

Another successful Installation of Officers Meeting was held on Friday, December 2rd, at the beautiful Seascape Golf Club in Aptos. The Outgoing Board of Directors was acknowledged, and the 2023 incoming Board was introduced.

Thank you to both **Dr. Matthew Ronconi**, who served as President for 2022, and **Dr. Devin Bernhardt**, who has stepped up to take on the role for this upcoming year.



Congratulations as well to **Dr. Lindley Zerbe**, who was awarded the **MBDS Dentist of the Year!** Dr. Zerbe is a general dentist in Monterey, and has served on the Board of Directors for many years. An actively engaged member of the MBDS, he has contributed in numerous ways to our local component, including spear-heading the annual Big Sur Marathon Water Station. He is also involved in CDA, and regularly attends the House of Delegates Meetings to advocate on our behalf. Thank you, Dr. Zerbe, for all you do to help the MBDS flourish and thrive.

The food was outstanding, and the wonderful music for the evening was provided by John Upshaw:

http://montereydj831.us/

Thank you to all who attended, and looking forward to seeing you again next year!

Veterans Transition Center — Stand-Down 2022

Dental Care was provided to Homeless Veterans on June 17 & 18, 2022. The Veterans Transition Center is here in Monterey County, in Marina off Imjin Road.

A "**Stand-Down**" is a military term that refers to an event, usually in the field of operation, that provides a safe location for warriors to lay aside their arms and receive physical rest and nourishment as well as any care they may need.

This year's event was coordinated by many volunteers throughout the county who gather food & clothing, plus groups to provide shelter, haircuts, counseling, and even legal assistance. The Medical and Dental portion of this even was coordinated by a non-profit group called, "**California Care Force.**"

Having the responsibility of organizing the Dental Aspect of a Stand-Down in the past, I can say with vigor, CCF was a God-send! As you can see by the flyer, CCF not only supplied Equipment, Instruments, and supplies for Dental Care; but they also provided Medical Exams, COVID Tests, Eye Exams, and even Eye Glasses for the Homeless Vets who attended.

Volunteers were MBDS supplied Dentists, Oral Surgeons, Periodontists, Endodontists, General Dentists, Dental Hygienists, Dental Assistants who included every credential from "DA to RDA-EF1, & EF2's)

I must give special thanks to **Dr. Lawrence Wallace** who provided Multiple Sizes of Larell Denture Templates for edentulous patients who received their dentures custom fitted on site. Many Vets who were partially edentulous also received Partial Dentures that were designed and constructed by **Omar Morales** and his technicians from "Innovation Prosthodontic Lab."

Thank you to all volunteers listed by their skill categories:

19 Dental Assistants & X-Ray Techs
5 Hygienists
10 General Dentists
4 Oral Surgeons
10 CCF Team Leaders
2 CCF Staff

83 Dental patients were served on site by our volunteers and received $92,362.00 worth of dental treatment.

California Care Force is Non-Profit Organization that relies on donations from foundations and caring people like you and me. They are worthy of any charitable offering you are able to donate. Please consider them as you contemplate your giving.

Sincerely yours,
Richard E. Kent, DDS

California CareForce

The charitable arm of the California Association of Oral and Maxillofacial Surgeons

2022 MONTEREY STAND DOWN CLINIC

$92,362 WORTH OF BASIC HEALTHCARE SERVICES

California CareForce (CCF) was excited and honored to be invited back by the Veterans Transition Center (VTC) of Monterey to participate in this year's Stand Down event serving veterans and their families. Thank you VTC of Monterey for hosting us and for supporting our clinic!

83 Dental Patients Served...

53 Restoration
69 Oral Surgery
25 Hygiene
(**13** gross debridement, **1** root planning, **11** scaling)
344 X-rays
(**63** pano, **51** PA, **230** bitewings)
6 Dentures
3 Misc. Dental

A special shout-out to **Lawrence N Wallace DDS – The Larell One Step Denture, Omar Morales** from **IP Labs,** and their team of providers for making dentures on-site.

21 Vision Patients Served...

20 Comprehensive Eye Exam
12 Single Vision Glasses
11 Bifocal
19 Essilor Referral

16 Medical Patients Served...

16 Medical Exam
65 COVID-19 Test

THANK YOU VOLUNTEERS AND CLINIC SPONSORS!

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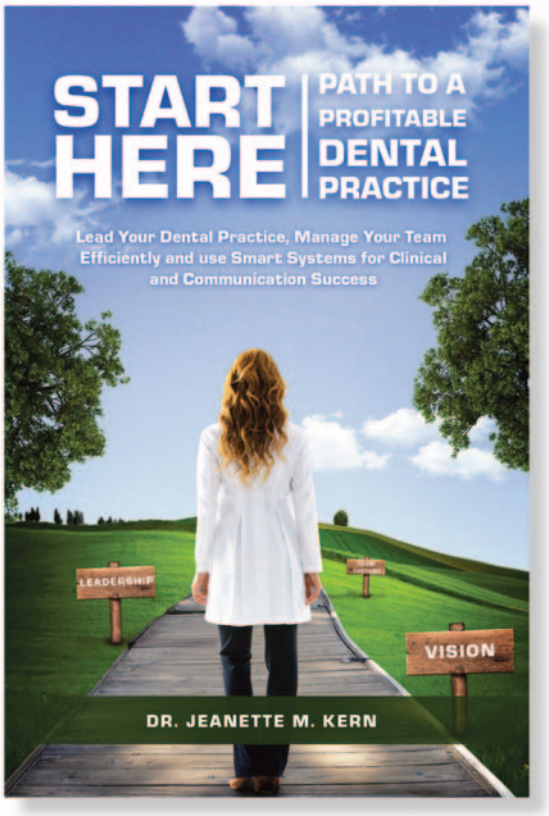
Beach Party on July 9th, 2022

Music, Food & S'mores!

What a fun Summer gathering at Carmel Beach on Saturday, July 9th, and the weather was absolutely perfect. A wonderful turnout, and a great excuse for MBDS members to share time together outside of the office. Keep your eyes peeled for more social events hosted by our collegial component.

"This book has everything a dental practice owner needs.
The ideas, principles, and practical application in this book have brought me from an associate dentist to owner of 2 successful practices in less than a few years. Navigating the life of owning a practice, and being an excellent clinician can be daunting at best. But Dr. Kern breaks it down so that creating the vision and plan for your own practice is not only do-able but exciting. I highly recommend this book to ANYONE who is either opening their practice or struggling with where their own practice is going currently."

- from an Amazon 5-star review



Learn proven secrets for dental practice success from the trailblazing female dentist who built a multimillion-dollar practice after age 40.

In this book, Dr. Jeanette Kern shares systems for leadership, change navigation, efficient team management, elevating clinical skills, and delivering 5-star service to every patient in your dental practice.

About the author:
Dr. Jeanette Kern knows how to make money in dentistry. This dental star purchased her first practice for under $100K and sold for $1M+, all while leading a team of dynamic, caring professionals, and delivering 5-star dental care to her patients. She'll teach you how to avoid the pitfalls of dental practice ownership and how to win financially without overworking.

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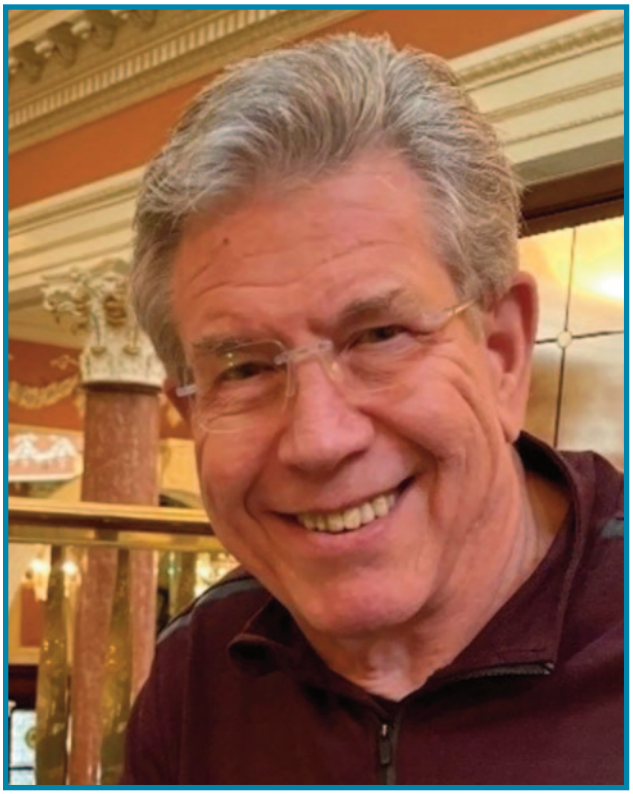
Click link to schedule a free demo: https://www.swellcx.com/partners/monterey-bay-dental-society

"There is no innovation and creativity without failure. Period."

— Brené Brown
Professor Social Research

"Everything you've ever wanted is on the other side of fear."

— George Addair
Real-Estate Developer



Albert Ruel Grosnick, DDS

April 16, 1953 — July 2, 2022

Albert Ruel Grosnick, a longtime Monterey resident and dentist, was on vacation with his family in Spain when he was fatally injured in a car accident. Albert was 69 years old, and is survived by his wife of 46 years, Arminda Garza Grosnick; his children, Marisa Gillespie, Alicia Kanbar, Mark Grosnick; as well as many beloved grandchildren, nieces, nephews, in-laws, and friends.

Al was raised in Stockton, California. He attended UC Davis and earned his DDS at the University of Southern California. Al married Arminda in 1976 and settled in Monterey, where he practiced dentistry for 40 years.

His family recalls fond memories of shared laughter, learning, and adventure. He was and remains forever, a rock, a gift, and a beacon to those who love him.

General Dentist Needed

Description: Clinica de Salud del Valle de Salinas (CSVS) is seeking a General Dentist for our clinic location of Castroville, CA. Full or Part-Time.

The main focus of our organization, which spreads over 12 clinics throughout the Monterey County, is the dental and medical care of farm workers. The candidate must be licensed to practice and work in the state of California, as well as to possess DEA and BLS certificates.

We also expect from the applicant:

- Good interpersonal skills and communication
- Accuracy and attention to detail
- Be compassionate and caring of patients
- Excellent written and verbal communication skills
- Able to work in an intense, concentrated environment
- Calm and cool-headed with a positive attitude
- Complies with all office, local and state regulations and standards. Perform General Dentistry, with preferable experience in the specialties of Endodontics, Prosthodontics and Oral Surgery.
- Carry out exams based on visual and X-Rays interpretation and periodontal probing, and set up in agreement with the patient a treatment plan.

For further details please visit:
www.csvs.org => About Us => Career Opportunities and enter Keyword "Dentist" Location "Castroville"

Contact:
Mr. Omar Chombo | omar.combo@csvs.org

Associate Dentist

Opportunity Available - Dentist

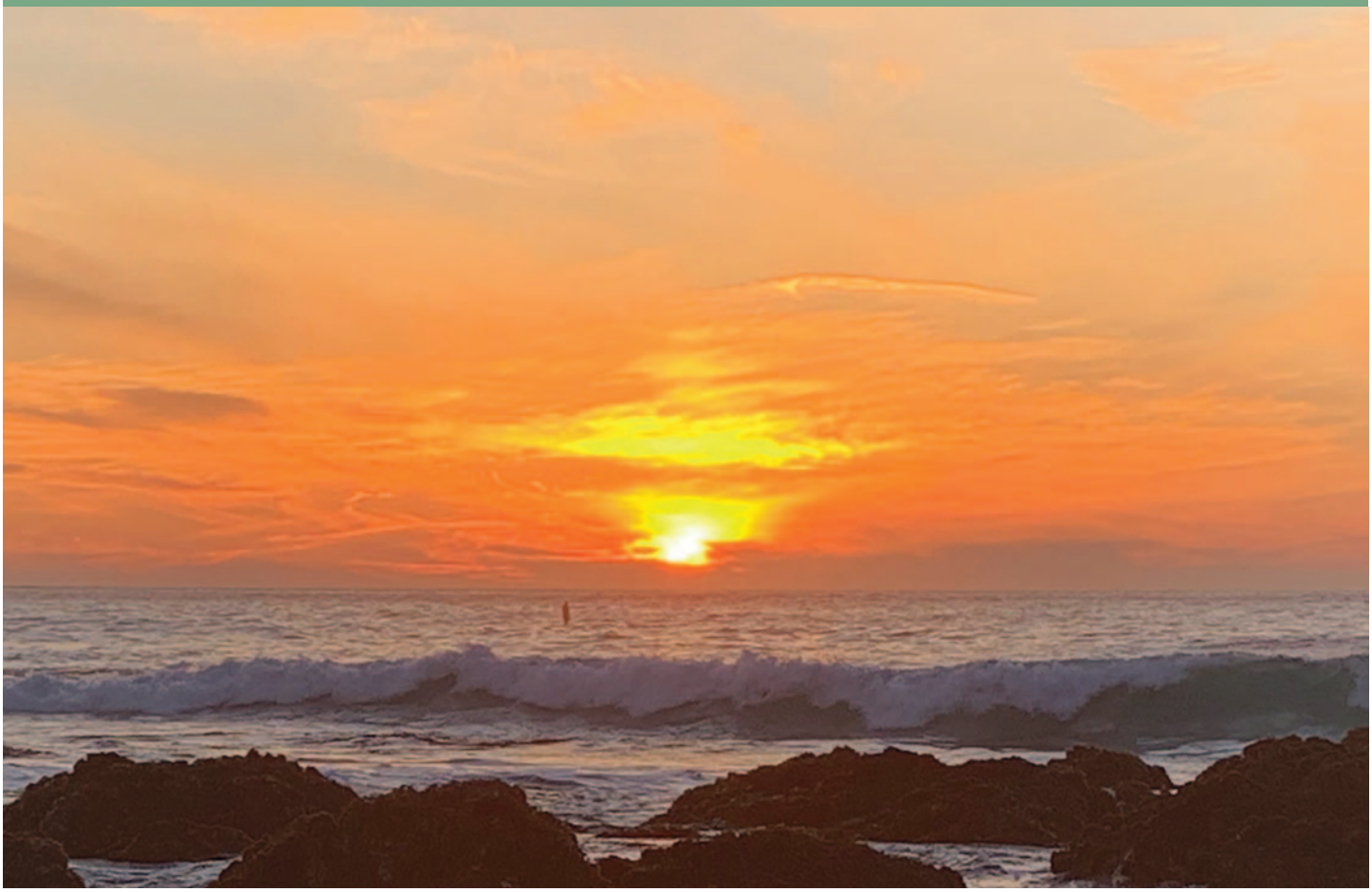
Description: I am looking for a Doctor to come and treat patients. We offer great income potential and great working conditions. I'm creating a great opportunity for someone who wants to treat people.

Please call 831-461-3200 to hear a message with more details about the position and instructions on how to apply.

Contact: Robert Matiasevich
(831) 461 3200 | matiasevich3@gmail.com

> "If I have a thousand ideas and only one turns out to be good, I am satisfied."
>
> — Alfred Nobel
>
> Chemist, Engineer, and Inventor

Parting Shot



A gorgeous sunset at Asilomar State Beach - the sky becomes a canvas yet again here in the beautiful Monterey Peninsula.

PHOTO: Dr. Carl Sackett

> *"When the storms of life are pouring down on you, muster up the courage to dance and bless the things that life has given you."*
>
> — Steve Rizzo, Motivate THIS!